

NO STAPLES IN
BAR CODE AREA

Dept. of Labor and Industries
PO Box 44269
Olympia WA 98504-4269

STATEMENT FOR PHARMACY SERVICES

Instructions for completing form on the reverse side.

DO NOT
WRITE IN
SPACE

| | | | |
|-------------------------|------------------|---|-----------|
| Pharmacy name & address | L&I Provider no. | Worker's soc. sec. no. (for i.d. only) | Claim no. |
| | | Worker's name (last, first, middle) print or type | |
| | NCPDP No | Worker's mailing address | |
| | | City | State ZIP |
| | | Pharmacy billing date | Employer |

Is this a request to reimburse the injured worker? ☐ YES ☐ NO

Is this a private insurance co-payment? ☐ YES ☐ NO

We do not reimburse for a private insurance co-payment. Call L&I at 1-800-848-0811 for instructions.

Prescription (RX) Information

Print Or Type All Information

| | | | | | | |
|--------------------|-----|----------------|-----------------|-----------------------------|--|---|
| DX Code (ICD-9) | S/B | Date of injury | Date Rx written | Prescribing Provider's name | | Prescribing Provider Number (L&I#, License# or DEA#) |
| Prescription # | | Date Rx filled | Days supply | Quantity (units) | Refill <input type="checkbox"/> YES <input type="checkbox"/> NO | Dispensed as written product selection code (DAW) (0, 1 or 6) |
| National Drug Code | | | Drug name | | DUR codes CNFLT: INTRV: OUTCM: | |
| Remarks | | | | | Prescription clarification code (Refill-to-soon) | Total prescription cost \$ |

| | | | | | | |
|--------------------|-----|----------------|-----------------|-----------------------------|--|---|
| DX Code (ICD-9) | S/B | Date of injury | Date Rx written | Prescribing Provider's name | | Prescribing Provider Number (L&I#, License# or DEA#) |
| Prescription # | | Date Rx filled | Days supply | Quantity (units) | Refill <input type="checkbox"/> YES <input type="checkbox"/> NO | Dispensed as written product selection code (DAW) (0, 1 or 6) |
| National Drug Code | | | Drug name | | DUR codes CNFLT: INTRV: OUTCM: | |
| Remarks | | | | | Prescription clarification code (Refill-to-soon) | Total prescription cost \$ |

| | | | | | | |
|--------------------|-----|----------------|-----------------|-----------------------------|--|---|
| DX Code (ICD-9) | S/B | Date of injury | Date Rx written | Prescribing Provider's name | | Prescribing Provider Number (L&I#, License# or DEA#) |
| Prescription # | | Date Rx filled | Days supply | Quantity (units) | Refill <input type="checkbox"/> YES <input type="checkbox"/> NO | Dispensed as written product selection code (DAW) (0, 1 or 6) |
| National Drug Code | | | Drug name | | DUR codes CNFLT: INTRV: OUTCM: | |
| Remarks | | | | | Prescription clarification code (Refill-to-soon) | Total prescription cost \$ |

Reimburse the injured worker: Pharmacist's signature is required.

☐ The injured worker has paid for the above services and prescription(s).

Pharmacist's Signature
X

When you submit this bill, you are certifying that the prescription information is correct.

L&I must receive this statement within 12 months of the date of service or claim allowance.



Instructions for completing Statement for Pharmacy Services form

Do not complete this form for reimbursement of a private insurance co-payment. Call L&I at 1-800-848-0811 for instructions

Types of Insurance

STATE FUND INDUSTRIAL INSURANCE

Claim numbers are six digits, beginning with a "B, C, F, G, H, J, K, L, M, N, P, X, Y or double alpha & 5 digits."

Send bills for Industrial Insurance claims to:

Department of Labor and Industries
PO Box 44269
Olympia WA 98504-4269

CRIME VICTIMS

Claim numbers are six digits beginning with a "V", or five digits preceded by a "VA, VB, VC, VH, VJ or VK."

Send bills for Crime Victims claims to:

Department of Labor and Industries
PO Box 44520
Olympia WA 98504-4520

SELF-INSURANCE

Claim numbers are six digits beginning with an "S, T or W."

Department of Energy claims are now Self-Insured. Claim numbers are seven digits beginning with "7, 8 or 9."

Send bills to the employer or their service company.

Pharmacy address changes

PHARMACY NAME AND ADDRESS: If any of this information changes, call 1-800-848-0811 immediately.
(Simply indicating a new address on the bill **will not change** L&I's record of address for the provider.)

For further information, find us at:

www.Lni.wa.gov/claimsinsurance/providerpay/billing/provider

Pharmacy/Prescription Information

L&I PROVIDER NUMBER: The specific Provider number issued to the pharmacy.

NCPDP NO: The 7-digit number assigned by National Council for Prescription Drug Programs.

REIMBURSE INJURED WORKER: Place "X" in applicable box.

S/B (SIDE OF BODY): Designate "L" (left), "R" (right) side of body or "B" (bilateral), to indicate location of injury.

DATE OF INJURY: This is important and must be included. One worker may have several claims, so it is vital the proper claim be identified and charged for services provided.

PRESCRIBING PROVIDER NUMBER (L&I#, LICENSE# OR DEA#): Provider number issued to the prescribing physician by L&I, a WA state license# or a DEA#. (not pharmacy's provider#).

QUANTITY: The total units of medication prescribed. Use the (NCPDP) billing unit standard format, e.g., "each", "ml" or "gm".

DISPENSED AS WRITTEN PRODUCT SELECTION CODE:

Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.

Valid values are:

- 0 = No product selection mandated;
- 1 = Substitution not allowed by prescriber;
- 6 = Override for emergency supply – This value is used only by in-state pharmacies when dispensing an emergency supply of a non-preferred drug prescribed by a non-endorsing practitioner.

NATIONAL DRUG CODE: National drug identification code. This code must be entered in a 5-4-2 format: e.g., if the NDC format listed in your pricing book is 0005-3250-23, enter 00005 3250 23. If the NDC format is 50419 127 12 enter 50419 0127 12.

DUR CODES: Enter the appropriate conflict, intervention and outcome code.

PRESCRIPTION CLARIFICATION CODE: Enter the appropriate value for a refill-too-soon.

TOTAL PRESCRIPTION COSTS: Total charge for the filled prescription. (Drug cost + professional fee + applicable tax).

REIMBURSE THE INJURED WORKER: Signature of pharmacist who supplied the prescription is required.